



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS		
				Fairfield Police Department		00901	1 - SOLVED	0 2		
						1 - 2 - UNSOLVED	0 1	98 - ANIMAL 99 - UNKNOWN		
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield			0 5 1 4 2 0 2 2 2 3 4 1			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
	S R	4					3 9 3 1 3 8 7			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
					7105		- 8 4 4 8 8 3 1			
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 3 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		ROADWAY			
		1 - MILES 2 - FEET 3 - YARDS					ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER / UNKNOWN		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
<input type="checkbox"/> WORK ZONE RELATED		<input type="checkbox"/> WORKERS PRESENT		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION				WEATHER						
1 - DAYLIGHT 3 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN						
NARRATIVE										
<p>On 05/14/2022 at 11:41 P.M. unit 1 was westbound in the parking lot of 7105 Dixie Hwy. when it struck unit 2. Unit 2 was parked facing southbound. Unit 1 then fled from the scene.</p> <p>Unit 1 was charged with Driving Under Suspension 335.07A and Leaving the Scene Private Property 335.13A.</p>										
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 5 1 4 2 0 2 2 2 3 4 1			0 5 1 4 2 0 2 2 2 3 4 3		0 5 1 4 2 0 2 2 2 3 4 8		0 5 1 5 2 0 2 2 0 0 1 4		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
0		0 3 0		0 6 1	PO Greg Bailes		D. Pohl		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
					OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
1		2		2	1 2 2		1 3 0			



Indicate the north direction with an "N" on the compass diagram.



UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)
	0_1	Tucker, Ronnie		
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)	4637 Rapid Run Rd. Cincinnati, OH. 45230			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O_H	P229356	1FMDK051187GA33712	2007	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Founders Ins	ITOH274531	Blue	Freestyle
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		0_1	1 - <10K LBS.	MATERIAL RELEASED
			2 - 10,001 - 26K LBS.	CLASS #
			3 - >26K LBS.	PLACARD ID #
				<input type="checkbox"/> PLACARD
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL		
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER		6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN PRE-CRASH ACTIONS	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACOA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING / SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS		NON-COLLISION		
1_2_1	1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
2_	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
3_	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
4_	37 - FIRST HARMFUL EVENT	38 - MOST HARMFUL EVENT	COLLISION WITH FIXED OBJECT - STRUCK	
5_			50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	55 - OTHER / UNKNOWN
6_				

LOCAL REPORT NUMBER	
2 2 0 3 4 1 9 6	
DAMAGE	
2	DAMAGE SCALE
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0_1	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY
6	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
FROM 3 TO 4	
UNIT SPEED	DETECTED SPEED
0_1_0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
0 2	Hooker, Ladasha	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		3181 Stillwater Ln. Hamilton, OH. 45011
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	DANII	1G1ZD5S1T8LF144342	2020	Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	American Family In	235122810141FPPA-OH	White	Malibu
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0 0	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
0 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV/ UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (6+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN				
AUTONOMOUS MODE LEVEL					
0 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
0 1	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 1 - STRIKING 2 - STRUCK 3 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS					
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK					
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER	
2 2 0 3 4 1 9 6	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (side center), 6	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 3 4 1 9 6									
DATE OF BIRTH					AGE	GENDER			
0 5 2 6 1 9 9 6					2 5	M			

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE	GENDER			
	0 1	Tucker, Ronnie Gold					0 5 2 6 1 9 9 6					2 5	M			
ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE				
4637 Rapid Run Rd. Cincinnati, OH. 45230																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5											0 1	1	1	1		
DL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION					CITATION NUMBER			
O H													250474			
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	0 6	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	RESULT SELECT UP TO 4
4						1				1		1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE	GENDER				
0 2						0					0					
ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
DL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION					CITATION NUMBER			
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION		<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	RESULT SELECT UP TO 4
						1										
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE	GENDER				
						0					0					
ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
DL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION					CITATION NUMBER			
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION		<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	RESULT SELECT UP TO 4
						1										
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>DL CLASS</b>		<b>DL RESTRICTION(S)</b>		<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>					
1- FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1-NOT DEPLOYED 2-DEPLOYED FRONT		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN		1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN					
2- SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE		3-DEPLOYED SIDE		4-DEPLOYED BOTH FRONT / SIDE		5-M/C MOPED ONLY		6-NO VALID DL							
3- SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5-NOT APPLICABLE		6-SECOND - MIDDLE		7-SECOND - RIGHT SIDE							
4- POSSIBLE INJURY	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8-THIRD - MIDDLE		9-THIRD - RIGHT SIDE		10-SLEEPER SECTION OF TRUCK CAB		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)							
5- NO APPARENT INJURY	11-PASSENGER IN UNENCLOSED CARGO AREA		12-PASSENGER IN UNENCLOSED CARGO AREA		13-FREED BY NON-MECHANICAL MEANS		14-TRAILING UNIT		15- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							
<b>INJURED TAKEN BY</b>	15- NON-MOTORIST		16- OTHER / UNKNOWN		<b>EJECTION</b>		<b>OL ENDORSEMENT</b>		<b>TRAPPED</b>		<b>ALCOHOL TEST TYPE</b>					
1- NOT TRANSPORTED / TREATED AT SCENE	16- SECOND - RIGHT SIDE		17- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1- NOT TRAPPED 2- EXTRICATED BY 3- FREED BY NON-MECHANICAL MEANS		1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER					
2- EMS	17- THIRD - MIDDLE		18- THIRD - RIGHT SIDE		5- LEARNER'S PERMIT RESTRICTIONS		9- LEARNER'S PERMIT RESTRICTIONS		5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
3- POLICE	18- THIRD - RIGHT SIDE		19- OTHER / UNKNOWN		6- PASSENGER		10- LIMITED TO DAYLIGHT ONLY		6- PASSENGER							
9- OTHER / UNKNOWN	19- OTHER / UNKNOWN		20- OTHER / UNKNOWN		7- OTHER DISTRACTION INSIDE THE VEHICLE		11- LIMITED TO EMPLOYMENT		7- OTHER DISTRACTION OUTSIDE THE VEHICLE							
<b>SAFETY EQUIPMENT</b>	21- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		22- REFLECTIVE CLOTHING		23- LIGHTING - PEDESTRIAN / BICYCLE ONLY		24- HELMET USED		25- HELMET USED		<b>DRUG TEST TYPE</b>					
1- NONE USED	21- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		22- REFLECTIVE CLOTHING		23- LIGHTING - PEDESTRIAN / BICYCLE ONLY		24- HELMET USED		25- HELMET USED		1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER					
2- SHOULDER BELT ONLY USED	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED		<b>CONDITION</b>					
3- LAP BELT ONLY USED	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED		1- APPARENTLY NORMAL 2- PHYSICAL IMPAIRMENT 3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)					
4- SHOULDER & LAP BELT USED	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED		4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC.					
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED		6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					
6- CHILD RESTRAINT SYSTEM - REAR FACING	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED		9- OTHER / UNKNOWN					
7- BOOSTER SEAT	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED		1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDS 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS					
8- HELMET USED	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED							
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED							
10- REFLECTIVE CLOTHING	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED							
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED							
99- OTHER / UNKNOWN	26- HELMET USED		27- HELMET USED		28- HELMET USED		29- HELMET USED		30- HELMET USED							
GENDER												<b>DRUG TEST RESULT(S)</b>				
F- FEMALE												1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDS 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS				
M- MALE																
U- OTHER / UNKNOWN																